Approved for use through 7/31/2008, OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD									10	नवा नव	7
Substitute for Form PTO-876 CLAIMS AS FILED - PART 1 (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
						Γ	RATE	FEE		RATE	FEE
MASIC	FOR	NUMBER	NUMBER FILED NUMBER (EAIRA	ł	RAIG		OR	70.72	5
	R 1,15(a))					t	**	<u> </u>	COR	X\$=	
(37 C)	R 1,15(c)) ENDENT CLAIM		minus 20 = .			ŀ					
(37 C	R 1.16(b))	<u> </u>	minus 3 = "			ŀ	× 5 *		OR	× s	
MULTIPLE DEPENDENT CLAUM PRESENT (37 CFR 1.18(df))						L	+3=		OR	+\$0	
* If the difference in column 1 is less than zero, enter "V" in column 2.							TOTAL		OR	TOTAL	
of the difference in column 1 is less than zero, enter of in column 2.											
20	000								OR	OTHER	
10	MUDI	(Column 1)		(Column 2)	(Column 3)	ſ	SMALL	MITTY	1	SMALL	ENTITY
ENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	1	RATE	ADCI- TIONAL FEE		RATE	ADOI- TIONAL FEE
I 51	Total	· 46	Minus	46	•		<i>X</i> .		OR	x 5	
S	(DZ CPR 1.160) Independent (DZ CPR 1.160)		Minus	- 6	•	k	X 8 _ *		OR	x s=	
I 21		<u></u>	L		11100	r			OR	+5	
RRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					, ,	TOTAL		1	TOTAL		
							ADD'L FEE	L	OR	ADD'L FEE	
7-20-06(Column 1) (Column 2) (Column 3)									1		
8		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADOI- TIONAL
Ę		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXIRA			FEE			FEE
AMENDMENT	Total car care uneque	50	Minus	46	- 4		x s•		OR	x se	2000
	independent (37 CFR LHOS)	. 7	Minus	- 6	• /		X 5=		OR	X 8	20000
Į	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLARM (SF CFR 1.16(d))					1	+: -		OR	+5	
The Medicularian of the Paris o						•	TOTAL ADD'L FEE	1	OR	TOTAL ADD'L FEE	1000
ADDITOR											
10	10.00	(Column 1)		(Column 2) HIGHEST	(Column 3)	1		T -	7		
ပ	and	REMAINING	1 1	NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	`	RATE	ADDI- TIONAL
15	0'-	AFTER AMENDMENT		PAID FOR		4	ļ	**	┨	-	- FEE
ENDMENT	Total car care 1 16(c)	50	Minus	50	<u> </u>	1	× 5	$V \rightarrow$	OR .	××	1
		7	Minus	7	<u> </u>	1	×5	4_/	OR	×-	1
MA	ARST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(4))						+5		OR		
1/12/13/21, 28, 30,50							TOTAL ADD'L FEE		QR.	ADO'L FEE	
* If the entry in column 1 is less than the first of the state of the state of the state of the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". *** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in (like appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete his form such a public to the USPTO. Time will very depending upon the individual case. Any comments that along a sthering, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrie, VA 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrie, VA 22213-1450.

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